STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155777	A. BUILDING 01 B. WING _____	01/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREASY SPRINGS HEALTH CAMPUS	1750 S CREASY LANE LAFAYETTE, IN 47905

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Certification and Environmental Preoccupancy Survey for the conversion of 8 residential beds to Title 18/19 beds in rooms L201 to L208 and the addition of 1 bed in rooms L203 and L205 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/11/11 Facility Number: 012285 Provider Number: 155777 AIM Number: NA Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code and Environmental Preoccupancy survey, Creasy Springs Health Campus was found in compliance with NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) 2000 Edition, Chapter 18, New Health Care Occupancies and 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities in the Legacy Building. The facility was located in two sprinklered one story buildings of Type V (111) construction. The facility has a fire alarm system with smoke detection in corridors, spaces open to the corridor and resident rooms. The bed additions and conversions were made in the Legacy with the capacity for 31 and a census of 17 residents. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 01/14/11.	K 000		